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APPLN. TYPE	SMALL ENTITY	ISSUE FI	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1330		\$300	\$1630	09/16/2004	
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"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name 3 will be printed.				

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

TITLE OF INVENTION: PROCESS FOR THE MELTING, REFINING AND HOMOGENIZING OF GLASS MELTS

PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. Inclusion of assignce data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for tiling an assignment.

(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)

SCHOTT GLASS	Mainz, Germany						
Please check the appropriate assignee category or categories (will not be	on the patent); U individual Corporation or other private group entity U government						
4a. The following fee(s) are enclosed:  Issue Fee Publication Fee Advance Order - # of Copies  Director for Patents is requested to apply the Issue Fee and Publication I	check in the amount of the fee(s) is enclosed.  ayment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized by scharge the required fee(s), or credit any overpayment, to easit Account Number (enclose an extra copy of this form).  The proviously paid issue fee to the application identified above.						
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Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** 

(\$) \$1,630.00

Complete if Known					
Application Number	09/769,672	<del></del>			
Filing Date	January 25, 2001				
First Named Inventor	Hildegard Romer et al.				
Examiner Name	Carlos N. Lopez				
Art Unit	1731				
Attorney Docket No.	WEI0021-01				

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)								
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SUBMITTED BY				1 0	Panietr	ation N	1		Complete (	if applicable)		
Name (Print/Type)  John F. Hoffman				Registration No. (Attorney/Agent) 26,280			Telephone	e 260-424-8000				
Signature										Date	Sept. 15, 2	004

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John F. Hoffman BAKER & DAN	Regis. No. 26,280										
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